

BOARD OF TRUSTEES



NATIONAL SOCIAL SECURITY FUND

P.O. BOX 30599, NAIROBI

APPLICATION FOR SURVIVOR'S BENEFIT

NOTES:

Before completing the application form you must read the following notes carefully.

1. This application form is issued **FREE**. This claim is processed **FREE**.
2. This benefits must be applied for those who qualify in the following order:
 - (i) Husband/Wife.
 - (ii) All children of the deceased if husband /wife to deceased is also deceased. Minor children will be paid through bank account or confirmed guardian.
 - (iii) Both parents if the deceased was not married and had no children.
 - (iv) Brother/sister if the deceased was not married had no children and both parents are deceased.
3. The claiming dependants must give their correct names and in the order they appear on their **NATIONAL IDENTITY CARDS**.
4. The address given on the application form must be the one the claimant is sure will get a letter delivered to him/ her without difficulties.
5. After lodging a claim, the claimant must notify the Fund immediately of any change of his/her address/NSSF local office of cheque collection would affect prompt dispatch of any letter or payment. **The notice must be a letter bearing his/her left thumb print done correctly at the nearest NSSF office/Police Station/Registration Bureau's Office.**
6. You must affix your **LEFT THUMB PRINT** on the application form in the space provided, Part II (4) and on **Form SF/BN/CC/007** Part (i) and at the same time obtain a full set of your fingerprints done correctly at the nearest NSSF Office/Police Station/Registration Bureau's Office.

All applicant if more than one should append their left thumb prints on the application form in the space provided and complete part (i) Form SF/BN/CC/007 individually.

Any person giving authority for this benefit to be paid to another must do so in writing with an impression of his/her left thumb print, a full set of fingerprints and a copy of his/her ID Card.

7. The employer(s) name(s), address(es), deceased's personal number(s) and period worked in respect of each employer must be given clearly.
8. This claim form for this benefit must be witnessed by a person close to you.
9. The **ORIGINAL(S)** and a copy /copies of the death certificate(s) as evidence of death of the member and any beneficiary must be presented to NSSF office of receipt of the application for authentication.
10. The original membership card should be attached. A photocopy of National ID card of the deceased should be attached.
11. The **ORIGINAL** and photocopy of marriage certificate or evidence of marriage should be presented by the claimant to NSSF of receipt in case the deceased was married.
12. The application must be endorsed by the District Commissioner/officer of the deceased's home district in the space provided, unless the deceased was a foreigner. **If the deceased was a married woman, then it should be endorsed by the DC/DO of the husband's home area.**
13. **Form SF/BN/SB/002A attached to this application must be completed separately by the DC/DO in person. The form will not be acceptable if completed by the claimant(s) on behalf of these officers.**
14. A photocopy of the claimant's National Identity Card both sides centered on a A4 size paper with legible names and clear left thumb print must be attached. **All claimants and person giving authority for payment of this behalf to any other person must also attach copies of their National Identity Cards.**
15. **THE COMPLETED FORM MUST BE PRESENTED AT YOUR LOCAL NSSF OFFICE**

FOR OFFICIAL USE ONLY

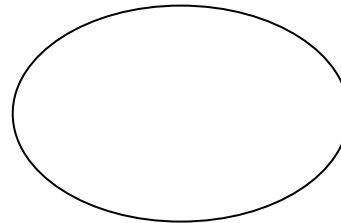
OFFICIAL RUBBER STAMP

Checked and received by:

Signature.....

Name/Stamp.....

Date.....



AREA/BRANCH MANAGER'S CONFIRMATION

This is to confirm that the name and signature of the chief and DC/DO on form **SF/BN/SB/002A, PART D** and E are the same as specimens availed in this office.

Signature of Area/Branch Manager.....

Date.....Name/stamp

PART I

PARTICULARS OF DECEASED MEMBER

1. Full name (block letters).....
2. Fund membership number.....(Attach card).
3. Deceased's ID Card number.....(Attach copy).
4. **EMPLOYEMENT HISTORY**

EMPLOYER'S NAME	ADDRESS	MEMBER'S P/NO	DATE EMPLOYMENT STARTED	DATE EMPLOYMENT CEASED
1 st Employer				
2 nd Employer				
3 rd Employer				
Last employer				

PART II

PARTICULARS OF CLAIMANT (S)

NAME OF CLAIMANT	AGE	ID CARD NUMBER	ADDRESS	RELATIONSHIP
1 st				
2 nd				
3 rd				

1. Claimant's present home particulars

District.....Division.....

Location.....Sub-location.....

Village.....Chief's name.....

2. N.S.S.F. local office for cheque collection.....

3. Permanent address for correspondence.....

I hereby declare that the foregoing statements are true to the best of my knowledge and understanding.

4. Left thumb print of the applicant

Signature.....Date.....

NOTE:

Remember also to affix your left thumb print on SF/BN/SF/007 Part(i)

THE OTHER APPLICANT CAN ENDORSE THEIR LEFT THUMB PRINTS ON PAGE 5 AND WRITE THEIR NAMES BESIDE THEIR FINGERPRINTS

THEY WILL ALSO BE REQUIRED TO OBTAIN A FULL SET OF THEIR FINGERPRINTS AND COMPLETE FORM SF/BN/CC/007 INDIVIDUALLY.

PART (III) TO BE COMPLETED ONLY WHEN THE DECEASED WAS NOT MARRIED.

FATER'S NAME	ID CARD NUMBER	ADDRESS
MOTHER'S NAME	ID CARD NUMBER	ADDRESS

1. If both parents are alive but only one has applied for this benefit, then the other parent should give authority below for the applicant to be paid the benefit.

I.....(Name of father or mother) do herby give authority for my Husband/Wife*.....ID No.....to be paid benefit.

*delete as applicable.

LETT THUMB PRINT

Remember to attach a clear copy of your National Identity Card both sides if giving authority.

2. Names of brothers and sisters who have not claimed and have given individual written individual authority with copies of their ID cards and fullest of fingerprints.

NAME	AGE	ADDRESS
1.		
2.		
3.		
4.		
5.		

USE SPACE BELOW AND THE BACK PAGE IF GIVING ADDITIONAL INFORMATION

3. Full name of witness.....
 Signature.....Date.....
 Address.....

NOTE:

Form SF/BN/SB/002A attached to this application must be completed separately by the Chief and DC/DO in person. The form will not be acceptable if completed by the claimant(s) or on behalf of these officers.

WARNING:

ANY PERSON WHO MAKES A FALSE STATEMENT OR REPRESENTATION OR WHO PRODUCES OR FURNISHES OR CAUSES TO BE PRODUCED OR FURNISHED ANY INFORMATION WHICH HE/SHE KNOWS TO BE FALSE IN A PARTICULAR MATERIAL MAY RENDER HIMSELF/HERSELF LIABLE TO PROSECUTION IN ACCORDANCE TO NSSF ACT, CHAPTER 258, AND LAWS OF KENYA.

ADDITIONAL INFORMATION

